

Healthy Behavior Support Service (HBSS): Medication Therapy Management Program (MTM)

1. Describe participant flow through HBSS (referral, participation, follow-up and program time frame).

WISEWOMAN (WW) will provide medication therapy management (MTM) to participants taking medication for hypertension, cholesterol or diabetes management.

Iowa WISEWOMAN program participants who have been newly diagnosed with hypertension and prescribed medication or previously diagnosed with uncontrolled hypertension while on medication, will be eligible to be referred to MTM services. These services will also be offered to those participants who are newly diagnosed or were previously diagnosed with high cholesterol and prescribed medication to treat their condition, as well as those participants that are newly diagnosed or were previously diagnosed with diabetes.

The participant must agree to follow program protocols as indicated. Health coaching will be provided by the Local Coordinators/Health Coaches, in conjunction with the MTM program.

Participants may participate in other WW healthy behavior support services and/or community-based programs, whilst taking part in the MTM intervention.

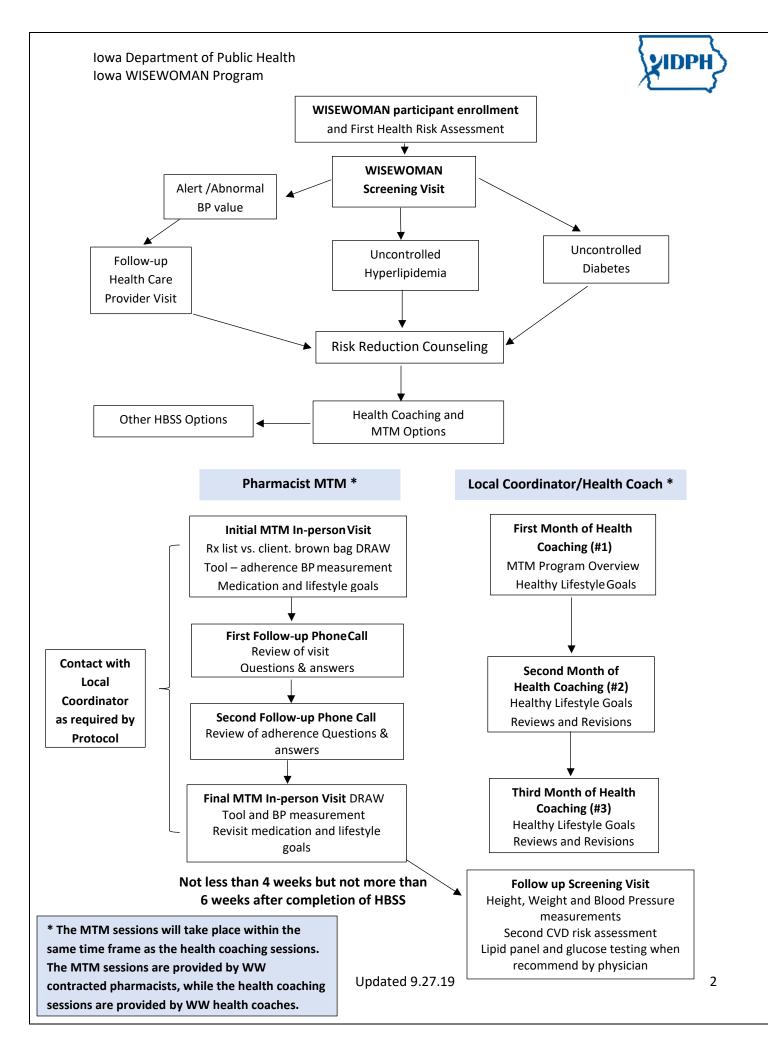
The three WW health coach-led health coaching sessions will occur over a three-month timeframe, with each session approximately one month apart.

The MTM intervention is offered over a three month period, and includes four sessions with the pharmacist: an initial in-person visit, two follow-up phone calls and a final in-person visit. The phone calls will be scheduled within 2 weeks of the initial visit and 4-6 weeks after the first phone call. The final in-person visit will be scheduled three months after the initial in-person visit. The MTM sessions will take place within the same time frame as the health coaching sessions described above.

The participant will undertake a follow-up screening not less than four weeks but not more than six weeks, following completion of health coaching and the MTM interventions. The overall timeframe from a participant's initial screening visit to follow-up screening cannot be less than three months. The follow-up screening will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit.

The MTM intervention is made available to WW participants through nine contracted pharmacies within six lowa WISEWOMAN regions. Health coaching sessions with the Local Coordinators (LCs) are conducted either in the LC office or over the telephone. The MTM services are provided in a private room at each pharmacy.

The flow diagram below shows how WW participants will be referred to the MTM intervention.





2. Describe strategies incorporated in the HBSS, client engagement in the HBSS and number of sessions to completion

1. Health Coaching sessions with certified health coaches (local coordinators (LCs)) (up to 60 minutes)

- The Health Coaching program is an individualized program adaptable to the needs and readiness level of each participant. Coaching will take into consideration the participant's health priorities and willingness/ability to make a change. The health coach will utilize motivational interviewing techniques to assist the participant in setting SMART goals. The health coach will help the participant overcome barriers and will serve as a source of support and encouragement to the participant when working to reach goals.
- Participants will be scheduled for their initial Health Coaching session with their Local Program
 Coordinator/Health Coach (LC). The LC will use motivational interviewing techniques to identify healthy
 lifestyles areas (i.e. exercise, nutrition or smoking cessation) which they would like to improve. The LCs will
 conduct a minimum of three health coaching sessions with each participant. At each health coaching
 session, the LCs will review goals set with the program participant.
- Data on referral to, participation in, and completion of the MTM intervention will be recorded by the LC in the WISEWOMAN database system, for submission with the Minimum Data Elements (MDEs).

2. The Medication Therapy Management Intervention

- Participants will be scheduled for their initial MTM visit at the pharmacy, by the LC. During this visit the participant must bring all prescriptions, over-the-counter (OTC) medication, vitamins and supplements they currently take.
- During this initial MTM sessions, the pharmacist will:
 - Complete a comprehensive medication review physician's list vs. participant medications
 - Develop a complete medication list for records and for participant
 - Complete the DRAW tool (See Appendix B)
 - Discuss with participant:
 - o Difficulties in taking the medication
 - o Potential interactions between medication
 - o Potential side effects
 - o Any allergies
 - o Refilling process
 - o Possible low cost medication options Iowa MTM Protocol July 2016
 - o Importance of and barriers to medication adherence
 - o Lifestyle choices influencing hypertension
 - o Develop medication adherence and lifestyle goals with participant's input

• The participant shall be provided with

- One 7-day, 28 compartment medication box
- Blood pressure readings
- Understanding and Controlling Your High Blood Pressure/Cholesterol/Diabetes brochure
- Complete medication list with recommendations and goals set with the pharmacist

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- If the participant is also involved in the home blood pressure monitoring program, the pharmacist may review the proper technique for taking a blood pressure, with the participant.
- The pharmacist may contact the participant's health care provider as necessary.
- The pharmacist will fax or email the completed DRAW tool, medication list, and participant tracking form to the LC.
- **Two Follow-up MTM Phone Calls** (up to 30 minutes each). The pharmacist will follow-up via phone with the participant. These phone calls will allow pharmacist to:
 - Reinforce medication adherence and usage.
 - Review medication and lifestyle goals
 - Answer participant questions. The first follow-up call will take place within two (2) weeks of the initial pharmacy visit. A second follow-up call will be provided 4-6 weeks after the first phone call.
- The final MTM visit (up to 30 mins) will be scheduled 12 weeks after the initial MTM visit. The pharmacist will:
 - Complete the DRAW Tool (See Appendix B)
 - Review and reinforce medication adherence
 - Review lifestyle goals
 - Complete blood pressure measurements.
 - Fax and email the completed DRAW Tool and participant tracking form to the LC for the participant's records. The participant-tracking tool allows documentation of participant health coaching goals to be shared between the LC and pharmacist. The goals will be reinforced and revisited at all participant encounters.
- Participant completion of the MTM intervention take place when the participant has undertaken all the four MTM sessions listed above.

3. Bi-directional referral plan, tracking and feedback

- The total number and length of each LC health coaching session will be tracked by the LC. The data will be
 incorporated in the WW participant record at the LC's office and in the WW database system for submission
 with the MDEs.
- The participant will be directed to report on their participation in the MTM intervention at the health coaching sessions or at one-month intervals, via phone or mail.
- The Participant Tracking Form is the referral and tracking form used for all WW MTM participants. This form will collect participant information, dates and times of appointments, health coaching goals, blood pressure (BP) measurements, MTM goals, notes regarding participant visits and calls, and pharmacist-to-health care provider discussion notes. This form will act as an on-going record for each participant to be shared between the LC and the pharmacist. A copy of the forms will be kept in the participant file with the LC and the pharmacist. Once the form is completed, the LC will provide a copy to the Intervention and Evaluation Specialist for use in program tracking, data collection and analysis.
- Data on referral to, participation in, and completion of MTM will be recorded by the LC in the WISEWOMAN database system for submission with the MDEs.

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- **4.** Resources required (both human and financial).
 - Health coaching is a required part of the local program contract. It is not fee-for-service based; therefore, there are no specific CPT codes or reimbursement plans for the activities. The local program via contract will be reimbursed at \$325 per participant for providing WISEWOMAN services including data collection and health coaching.
 - Reimbursement for the pharmacist is indicated in the table below.

Participant Encounter	Description
Initial MTM Pharmacist Visit (maximum	CPT Codes 99605 (\$45) and up to three 99607
one hour)	(\$10)
Follow-up MTM Phone Calls (max. 30	CPT codes 99606 (\$20) and up to one 99607
minutes each)	(\$10)
Final MTM Visit (max. 30 minutes)	CPT codes 99606 (\$20) and up to one additional
	99607 (\$10)

- Additional costs include
 - Pill boxes \$10 each
 - Hypertension brochure \$2 each
 - Cholesterol brochure \$2 each
 - Diabetes brochure \$2 each
- **5.** Is the HBSS is offered by a clinical care team? Yes/No. If Yes, describe how staff, who are implementing HBSS, is integrated into team. If No, describe who is delivering the HBSS and their qualifications/trainings
 - For information pertaining to health coaching implementation, please refer to the Health Coaching Protocol.
 - Pharmacists providing services for the Iowa WW MTM program have completed professional
 development on MTM and patient coaching as part of licensure requirements. All pharmacies currently
 provide MTM services to their general patient population. Participating pharmacists have received
 training on the WISEWOMAN program and MTM program protocol from the Intervention and
 Community Resources Coordinator.
- **6.** Describe any challenges and solutions to referral and participation in HBSS.
 - Transportation vouchers will be made available for participants to reduce barriers to participating in NDPLCP sessions. The WISEWOMAN IDPH staff will track the use and distribution of the vouchers.

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- **7.** Describe how the HBSS is evaluated to determine the effectiveness of the program implementation and outcomes.
- During Risk Reduction Counseling, which takes place after a participant is screened and has received her
 screening results, the participant is assessed to determine her level of readiness for change and health
 priorities and goals. Risk Reduction Counseling and the participant's first health risk assessment will be used to
 guide the health coaching process and establish a baseline for evaluating the effectiveness of health coaching.
- During the health coaching sessions, the LC will assist the participants in setting small measureable goals that
 will be recorded. Progress toward these goals will be assessed and the end results will be recorded.
 Improvements in MDE behavioral and health assessment measures will be captured at the follow-up screening
 visit through the CVD Health Risk Assessment form and the CVD Evaluation form.
- The Evaluation Plan will also include questions addressing Health Coaching and MTM program outcomes:
 - To what extent have women with uncontrolled HTN (BP values >139 systolic and/or >89 diastolic) reached controlled HTN (BP values equal to <139 systolic and/or equal to or <89 diastolic) following participation in health coaching?
 - To what extent did participation in health coaching contribute to improving participants' management of CVD risk measures (including risk for diabetes, hyperlipidemia, overweight/obesity; smoking cessation)?
 - To what extent have participants, who were referred to MTM, reached a controlled BP/cholesterol/diabetes by the end of intervention timeframe?
- Iowa WW staff will compare blood pressure readings and DRAW Tool results from the initial MTM visit to the
 final MTM visit to assess effectiveness of the intervention, as well as assess participant medication adherence.
 The staff will also review the number of participants eligible for MTM services versus how many were actually
 referred for services.

